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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N18251

1. Corporation Name

THE MANNY AND RUTHY COHEN FOUNDATION, INC.

Principal Place of Business

100 SE 2ND ST
 SUITE 2800
 MIAMI FL 33131
 US

Mailing Address

100 SE 2ND ST
 SUITE 2800
 MIAMI FL 33131
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

12/12/1986

4. FEI Number

59-2744621

Applied For
 Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution



\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

MORGENSTERN, MELVIN C
 100 SE 2ND ST, SUITE 2800
 ONE INTERNATIONAL PLACE
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AT	<input type="checkbox"/> DELETE
NAME	MORGAN, STEPHEN	
STREET ADDRESS	1236 BRACE RD., #K	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORGENSTEIN, ALVIN	
STREET ADDRESS	3020 RODMAN STREET, N.W.	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORGENSTERN, MELVIN C.	
STREET ADDRESS	100 SE 2ND ST, SUITE 2800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORGAN, STEPHEN	
STREET ADDRESS	1236 BRACE RD., #K	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORGENSTEIN, GERTRUDE	
STREET ADDRESS	3020 RODMAN STREET, NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	12/12/1986	
1.3 STREET ADDRESS	59-2744621	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE NOT REQUIRED

Date

Daytime Phone #

1/12/99 (305) 539-8400

CR2E037 (11/98)